

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Federally Qualified Health Centers, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nursing Homes, Pharmacies, Rehabilitation Agencies, HMOs and Other Managed Care Programs

## **New Implementation Date and Clarification of Incontinence and Urological Supply Coverage for the J&B Medical Supply Contract**

This *ForwardHealth Update* announces that the implementation of the J&B Medical Supply contract for incontinence and selected urological supplies has been postponed until May 1, 2010. This *Update* also clarifies information about coverage of disposable underpads and miscellaneous supplies due to the implementation of the J&B Medical Supply contract. Disposable underpads are included in the contract; therefore, procedure codes for disposable underpads are not reimbursable for dates of service on and after May 1, 2010. Miscellaneous supplies that are not included in the contract may be covered.

### **Implementation Postponed Until May 1, 2010**

As of May 1, 2010, the Department of Health Services (DHS) will fully implement the contract with J&B Medical Supply, a disposable medical supplies (DMS) distributor that provides incontinence and urological supplies to members. Implementation was originally scheduled for March 1, 2010, but has been postponed to allow members additional time to transition to J&B Medical Supply for their products. Refer to the October 2009 *ForwardHealth Update* (2009-69), titled “New Contract for Incontinence and Selected Urological Supplies for Certain BadgerCare Plus and Medicaid Members,” for the policies and procedures for incontinence and urological supply coverage under J&B Medical Supply.

### **Clarification of Incontinence and Urological Supply Coverage Under the J&B Medical Supply Contract**

Providers are required to use the most appropriate procedure code for any service provided. If the procedure code for the supply or service is included in the J&B Medical Supply contract, the member must work with J&B Medical Supply for the supply or service, except in certain situations when the member is also enrolled in Medicare Part B.

Refer to the Attachment of this *Update* for a complete list of procedure codes for supplies included in the J&B Medical Supply contract. This Attachment replaces the Attachment in *Update* 2009-69.

The J&B Medical Supply contract for incontinence and selected urological supplies applies to members enrolled in Wisconsin Medicaid, the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and the BadgerCare Plus Core Plan.

### ***Disposable Underpads***

Disposable underpads are included in the J&B Medical Supply contract for members enrolled in Wisconsin Medicaid and the Standard Plan. Procedure codes for disposable underpads, including Healthcare Common

Procedure Coding System (HCPCS) procedure code A4554 (Disposable underpads, all sizes), will not be reimbursable fee-for-service for dates of service on and after May 1, 2010.

### ***Miscellaneous Incontinence Supplies***

Providers may continue to submit prior authorization requests to ForwardHealth with HCPCS procedure code A4335 (Incontinence supply; miscellaneous) for miscellaneous incontinence supplies. Miscellaneous incontinence supplies are not part of the J&B Medical Supply contract.

Providers are reminded that the miscellaneous incontinence supply procedure code may only be used when there is not a more specific procedure code for the supply.

### ***Other Disposable Medical Supplies***

Other DMS supplies, such as gloves and leg straps, are not part of the J&B Medical Supply contract. Disposable medical supply providers may submit claims to ForwardHealth for these DMS items.

In order to be reimbursed for other DMS items, providers are required to indicate the most appropriate procedure code for the service or supply provided.

### **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT

## Incontinence and Urological Supplies Included in the J&B Medical Supply Contract

The following tables list the incontinence and selected urological supplies provided under the J&B Medical Supply contract with the corresponding Healthcare Common Procedure Coding System procedure codes. These procedure codes are not reimbursable for other providers for dates of service (DOS) on and after May 1, 2010, except where noted.

*Note:* Supplies that are not listed in these tables are not part of the J&B Medical Supply contract.

<b>Incontinence Supplies and Procedure Codes Provided Under the J&amp;B Medical Supply Contract</b>	
<b>Procedure Code</b>	<b>Description</b>
A4554	Disposable underpads, all sizes
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each

<b>Urological Supplies and Procedure Codes Provided Under the J&amp;B Medical Supply Contract</b>	
<b>Procedure Code</b>	<b>Description</b>
A4310*	Insertion tray without drainage bag and without catheter (accessories only)
A4311*	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312*	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4314*	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315*	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4320*	Irrigation tray with bulb or piston syringe, any purpose
A4322*	Irrigation syringe, bulb, or piston, each
A4326*	Male external catheter with integral collection chamber, any type, each
A4328*	Female external urinary collection device; pouch, each
A4331**	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4333*	Urinary catheter anchoring device, adhesive skin attachment, each

<b>Urological Supply Procedure Codes Covered by the J&amp;B Medical Supply Contract (Cont.)</b>	
<b>Procedure Code</b>	<b>Description</b>
A4338*	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340*	Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.), each
A4344*	Indwelling catheter, Foley type; two-way, all silicone, each
A4349*	Male external catheter, with or without adhesive, disposable, each
A4351*	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352*	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4357*	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358*	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4402*	Lubricant, per ounce
A5112*	Urinary leg bag; latex
A5120**	Skin barrier, wipes or swabs, each

\* Urological supply procedure codes are reimbursable on crossover claims for fee-for-service members who are also enrolled in Medicare Part B for DOS on and after May 1, 2010.

\*\* These procedure codes are **not included** in the nursing home daily rate and therefore must be obtained from J&B Medical Supply for members residing in a nursing home.